

RECEIVING STATE TO HOMEBASE SCHOOL DISTRICT/SITE MONTANA SECONDARY WITHDRAWAL FORM

Secondary Contact Informa	ation		Date:			
From			To			
Name:			Homebase School:			
School District:			City:		State:	
City:	State:		Contact Person:			
Phone: Fax:			Phone:	Fax	:	
Student Information						
Name:			D.O.B.	A	Age:	
Parent/Guardian Name:						
Homebase Address:			City:		State:	
Student #:	Cu	rrent Grade:				
Instructional Program Participat	cion	Term		Year		
a) Courses for Credit (PAS	SS, UT, Proje	ct SMART, etc	2.)			
		PARTIA .	AL CREDIT		Remainder of Material	
Course	Hours Grade %		Materials Used		available upon request	
			(e.g., PASS, UT,	etc.)	(Y/N)	
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2						
3.						
1.						
_		SEMEST	ER CREDIT			
Course			Grade	;		
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2						
3						
TAACID 4° (CI	1 11	(1 (1)	****	D 1'	M.d. C	
TAAS Preparation (Cl	neck an areas	tnat appry): _	writing	_ Reading _	wrathematics	
Out-of-State TAAS Testing						
Testing Dates			Sections			
		_				
		_				
e) PreGED/GED Prepara PreGED	ation			GED		
Area of Study	Materials		Area of Study		Materials	
d) Other information						